

Work Order ID 59638

Wednesday, June 09, 2010 9:45:56 AM



Page 1

Item ID: D2419

Accept



Setup Start



Revision ID:

Item Name: Handle

Stop



Start Date: 6/9/2010 Start Qty: 6.00



Cust Item ID:

Required Date: 6/17/2010 Req'd Qty: 6.00



Customer:

Reference:

Approvals:

Process Plan:

[Signature]

Date: 10-6-09

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D2419

Rev A

100

0.00



Small Fab

Small Fab

Memo

0.00

Small Fab

Cut to length using hot knife as per Dwg D2419

9/30/06/10 *(6)*

110

QC6- Inspect dimensions to drawing

0.00



QC

Memo

0.00

Quality Control

8/10/06/10

(x6)

120

Identify as per dwg & Stock Location: *14*

0.00



Packaging

Memo

0.00

Packaging

10-6-10 *(50)* *(6)*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Customer:

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10/06/14 *[Signature]*
CY10/6/11

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Wednesday, June 09, 2010 9:46:00 AM

Page 1

Work Order ID: 59638

Parent Item: D2419

Parent Item Name: Handle

Comments: IPP: A ☐ 00.02.14 ☐ New Issue ☐ EC/JB ☐

Start Date: 6/9/2010

Required Date: 6/17/2010

Start Qty: 6.00

Required Qty: 6.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
40-2567-4		Purchased	No			110	Each	0.0000	0.0833	0.4998			



Black Nylon Strap

M111336
QTY: 0.4998



ES 6/06/10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

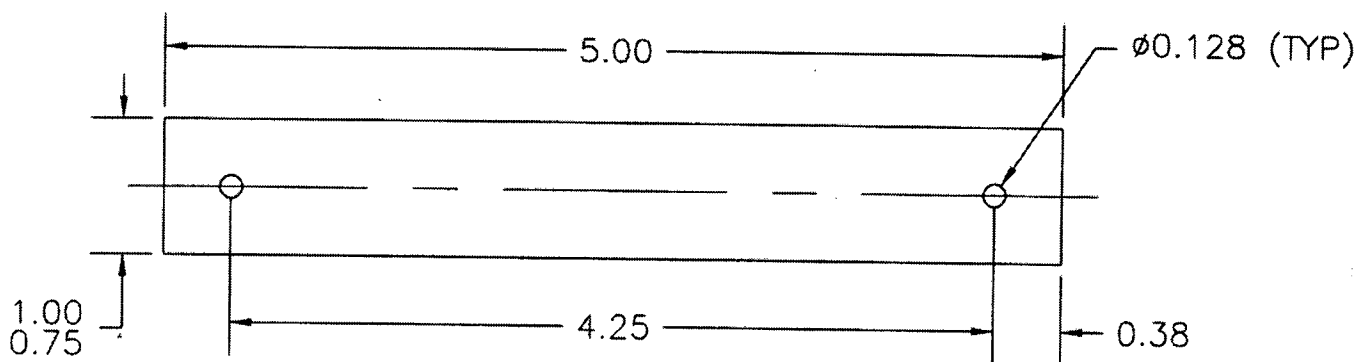
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



DESIGN <i>RF</i>	DRAWN BY <i>LP</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D2419	REV. A SHEET 1 OF 1
DATE 00.01.21		TITLE HANDLE (WEB)	SCALE 1:1
A	00.01.21	NEW ISSUE	

RELEASED
00-02-03 ps



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

NO. 59638

PS 10-6-09

MATERIAL: NYLON WEB (BLACK) 0.06 THICK CUT WITH HOT KNIFE
TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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